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APPLICANTS

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** CONTINUING DATA ***** *none CT*** FOREIGN APPLICATIONS ***** *none CT*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Met after Allowance <i>CT</i>	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature	<i>CT</i>	<i>CT</i>	6	4	1

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TITLE

X-ray apparatus for intraoral imaging applications

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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